

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 30682-12

Box No. I TITLE OF INVENTION
CONTACT LENS

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Quarter Lambda Technologies, Inc.
1784 La Costa Meadow Drive, Suite 103
San Marcos, California 92069
US

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purposes of:

☐ all designated
States

☒ all designated States except
the United States of America

☐ the United States
of America only

☐ the States indicated in
the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Jerome LEGERTON
874 Harbor View Drive
San Diego, California 92106
US

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is
marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant
for the purposes of:

☐ all designated
States

☐ all designated States except
the United States of America

☒ the United States
of America only

☐ the States indicated in
the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

David E. Heisey
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Telephone No.

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Agent's registration No. with the Office
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☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>Barry CHEN 8578 Burr Lane San Diego, California 92129 US</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i></p> <p>Applicant's registration No. with the Office</p>
State <i>(that is, country)</i> of nationality: US	State <i>(that is, country)</i> of residence: US
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
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